## STATE OF HAWAI I Department of Land and Natural Resources HUNTER EDUCATION PROGRAM



## **Request for Replacement**

I would like to request a replacem	ient(s) of the fo	ollowing item(s) at the following	wing cost:	
Wallet Card/Certificate	-\$5.00	Advanced HE C	Card -\$5.00	
Exemption Form	-\$5.00	Advanced HE P	Patch -\$3.00	
Student Patch	-\$3.00	Graduate Windo	ow Sticker -\$1.00	
	-\$			
TYPE OR PRINT ONLY				
Name:				
Current Address:		Previous Address:		
City/State:		City/State:		
Zip Code:				
Date of Birth:		Day Phone Number: _	()	
Location of Class: Class Date: Origin			al Card No.:	
REASON FOR REQUEST:				
Amount Remitted: \$				
	Si	gnature of Student	Date	
DO NOT SEND CASH- Make check	c payable to: Stat	e of Hawai`i –Department of L	and &Natural Resources	
Send check and this form to:	Department of 1130 North N	ation Program of Land & Natural Resources Nimitz Highway, Suite A-212 I 96817-4521		
OFFICE USE ONLY:				
Card/Exemption No:		Date Issued:		_
Payment Received: Check No		Amount \$	Processor's Initials	_
APPROVED/DISAPPROVED:			COMMENTS:	
Hunter Education Coordinator			Date	